

**MEMPHIS POLICE DEPARTMENT
EMPLOYMENT TEAM
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to **give my consent for full and complete disclosure** of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me; the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information, and **I do hereby release said person(s) from any and all liability** which may be incurred as a result of providing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Social Security Number _____

****This form MUST BE NOTARIZED by a notary before your application will be accepted. THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this _____ day of _____, 20____.

State of _____ County of _____

NOTARY

My Commission Expires: